

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	0					
TOTAL	1					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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TOTAL IND.						
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